BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	LEI	ITITY	OR	OTHER SMALL		
TOTAL CLAIMS			15					RAT	E	FEE		RATE	FEE	i
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			2€ minus 20=		. 3			X\$ 9) =		OR	X\$18=	\$24	
INDEPENDENT CLAIMS			3 minus 3 =					X42	2		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT					+140	_			+280= 3	280-	b
* 11	the difference	in column 1 is	less than zero, enter "0" in			olumn 2		TOTA			OR	TOTAL	1020.	£
													THAN	1
12 20 05 (Column 1) (Column 2) (Column 3)							•	SMA	Щ	ENTITY	OR	SMALL		1
INT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST (BER OUSLY FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 42	Minus	** 6	23	= 19		X\$ 9)=		OR	X\$18=	950	
AME	Independent	• 7	Minus	<u> </u>	3_	- 4	ļ	X42	! =		OR	X84=	800	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+280=		1
Fees Pacl									TAL		OR	TOTAL ADDIT, FEE	1750.	1
		(Column 1)		(Colu	ımn 2)	(Column 3)	L	AUDII.	···		•]
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	•	Minus	** .		=		X\$	}=		OR	X\$18=		l
ME	Independent	•	Minus	999		<u> -</u>	4	X42	?=		OR	X84=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+14	0=		OR			1
											OR	TOTAL ADDIT. FEE		1
	(Column 1) (Column 2) (Column 3)								FEE					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER YIOUSLY D FOR	PRESENT EXTRA		RAT	ſΈ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=]	X\$	9=		OR	X\$18=		1
NE NE	Independent	•	Minus	***		=]	X42	 ?=		OR	X84=		1
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-	 	1			1
l .	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR			4	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	ADDIT. FEE	<u></u>	4
	The "Highest Nur	mber Previously Pa	aid For (Total o	r Indepen	ident) is th	e highest numl	ber f	ound in t	he et	opropriate be	ox in c	olumn 1.		